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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		SUPPLEMENT ATTACHED	
1. County of <u>Cocconino</u>		ARIZONA STATE BOARD OF HEALTH	
District of <u>Williams</u>		BUREAU OF VITAL STATISTICS	
Town of <u>Williams</u>		ORIGINAL CERTIFICATE OF BIRTH	
or		State Index No. <u>103</u>	
City of <u>Williams</u>		County Registrar No. <u>244</u>	
		Local Registrar No. <u>87</u>	
2. Full name of child <u>Maria Gonzalez</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Female</u>		4. Twin, triplet or other: <u>No</u>	
To be answered ONLY in event of plural births.		6. Legitimate? <u>Yes</u>	
5. No., in order of birth: <u>1</u>		7. Date of birth <u>10-18-1923</u>	
		Month day year	
8. FATHER		14. MOTHER	
Full name <u>Pedro Gonzalez</u>		Full maiden name <u>Carmen Lavin</u>	
9. Residence (Usual place of abode) <u>Williams</u>		15. Residence (Usual place of abode) <u>Williams</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>Spanish</u>		16. Color or race <u>Spanish</u>	
11. Age at last birthday <u>42</u> (Years)		17. Age at last birthday <u>41</u> (Years)	
12. Birthplace (city or place) <u>Santander</u>		18. Birthplace (city or place) <u>Santander</u>	
(State or country) <u>Spain</u>		(State or country) <u>Spain</u>	
13. Occupation <u>Dairyman</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>Dairy</u>		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>9</u>		<u>no</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born Alive</u> at <u>1 P. M.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>[Signature]</u>	
Given name added from a supplemental report		Address <u>Williams, Arizona</u>	
Month, day, year.		Filed <u>10-23, 1923</u>	
Registrar.		Local Registrar. <u>[Signature]</u>	
		County Registrar. <u>[Signature]</u>	

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